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APPLICANTS								***************************************		
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** FOREIGN APF	PLICA OREIG	ON of 09/781,656 02/12	** RANTED		SH	HEETS	топ	······································	INDEPENDENT	
met Allowance Verified and Acknowledged Examiner's Signature Initials				COUNTRY OH	DR	1		IMS 4	CLAIMS 6	
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TITLE Shuttle-type blow	mold	ing method and appara	itus							
							☐ All Fees			
	No to charge/credit DEPOSIT ACCOUNT No for following:					1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other				